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UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Philip Garner

Write the full name of each plaintiff.

____ CV ____
(Include case number if one has been assigned)

-against-

NYAD 75 Pct

Kings County District Attorney Office

COMPLAINT

Do you want a jury trial?
☒ Yes ☐ No

Write the full name of each defendant. If you need more space, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section II.

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. BASIS FOR JURISDICTION

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation, and the amount in controversy is more than \$75,000, is a diversity case. In a diversity case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal-court jurisdiction in your case?

☒ Federal Question

☐ Diversity of Citizenship

A. If you checked Federal Question

Which of your federal constitutional or federal statutory rights have been violated?

illegal confinement

B. If you checked Diversity of Citizenship

1. Citizenship of the parties

Of what State is each party a citizen?

The plaintiff, Philip Sarnier, is a citizen of the State of
(Plaintiff's name)

New York
(State in which the person resides and intends to remain.)

or, if not lawfully admitted for permanent residence in the United States, a citizen or subject of the foreign state of

If more than one plaintiff is named in the complaint, attach additional pages providing information for each additional plaintiff.

If the defendant is an individual:

The defendant, John Doe, is a citizen of the State of _____
(Defendant's name)

or, if not lawfully admitted for permanent residence in the United States, a citizen or subject of the foreign state of _____

If the defendant is a corporation:

The defendant, John Doe, is incorporated under the laws of the State of _____

and has its principal place of business in the State of _____

or is incorporated under the laws of (foreign state) _____

and has its principal place of business in _____

If more than one defendant is named in the complaint, attach additional pages providing information for each additional defendant.

II. PARTIES

A. Plaintiff Information

Provide the following information for each plaintiff named in the complaint. Attach additional pages if needed.

<u>Philip</u>	<u>G</u>	<u>Sarner</u>
First Name	Middle Initial	Last Name
<u>49 Mackay Place Apt 1c</u>		
Street Address		
<u>Brooklyn</u>	<u>NY</u>	<u>11209</u>
County, City	State	Zip Code
<u>916-789-9979</u>	<u>Selher20208@aol.com</u>	
Telephone Number	Email Address (if available)	

IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:

NYPD 75104

First Name

Last Name

Shield #

Current Job Title (or other identifying information)

Current Work Address

Defendant 2:

County, City

State

Zip Code

First Name

Last Name

Shield #

Current Job Title (or other identifying information)

Current Work Address

Defendant 3:

County, City

State

Zip Code

First Name

Last Name

Shield #

Current Job Title (or other identifying information)

Current Work Address

Defendant 4:

County, City

State

Zip Code

First Name

Last Name

Shield #

Current Job Title (or other identifying information)

Current Work Address

County, City

State

Zip Code

V. STATEMENT OF CLAIM

Place(s) of occurrence: Pitkin ave brooklyn, Ny

Date(s) of occurrence: 9/11/2020

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

I was stopped at a red light on
my window was broken by a member of the
75th PD also I was arrested without probable cause
on all my charges were dismissed the arrest
has caused significant emotional injury along
with financial injury

INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

mental injury to be still
determined cause of still treating

VI. RELIEF

State briefly what money damages or other relief you want the court to order.

I demand Relief in the amount of
10,000,000 of punitive & 50,000
for economical damages

VII. PLAINTIFF'S CERTIFICATION AND WARNINGS


By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

07/14/2022			
Dated		Plaintiff's Signature	
Philip	Sarner		
First Name	Middle Initial	Last Name	
49 Mackay Place Apt 1C			
Prison Address			
brackley	NY	11209	
County, City	State	Zip Code	

Date on which I am delivering this complaint to prison authorities for mailing: _____